

B6A (Official Form 6A) (12/07)

In re Brent Marshall Uber and Amber Lynn Uber,  
DebtorCase No. -  
(If known)**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
NONE				
Total ►			\$0.00	

(Report also on Summary of Schedules.)

**FILED**

2014 APR 30 AM 10:37

JANET L. VILLI, CLERK  
U.S. BANKRUPTCY COURT  
WEST DIST. OF MISSOURI

B 6B (Official Form 6B) (12/2007)

In re Brent Marshall Uber and Amber Lynn Uber,  
DebtorCase No. -  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		cash	J	\$80.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking and Savings accounts	J	\$300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		computer, beds, tv, couch, table, chairs, dresser	J	\$1,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.		movies, pictures	J	\$100.00
6. Wearing apparel.		pants, shirts, socks, undergarments,	J	\$400.00
7. Furs and jewelry.		necklace	W	\$50.00
8. Firearms and sports, photographic, and other hobby equipment.		fishing pole	H	\$50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			

B 6B (Official Form 6B) (12/2007)

In re Brent Marshall Uber and Amber Lynn Uber,

Debtor

Case No. -

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		tax refund	J	\$2,528.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		estimated tax return next year	J	\$2,000.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2000 Impala	J	\$2,000.00

B 6B (Official Form 6B) (12/2007)

In re Brent Marshall Uber and Amber Lynn Uber,  
DebtorCase No. -  
(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

26. Boats, motors, and accessories.		golf cart	J	\$800.00
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		dog, cat	J	\$50.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

2 continuation sheets attached Total ►

(Include amounts from any continuation  
sheets attached. Report total also on  
Summary of Schedules.)

\$9,858.00

B6C (Official Form 6C) (04/13)

In re Brent Marshall Uber and Amber Lynn Uber,  
DebtorCase No. -  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
cash	11 USC § 522(d)(5)	\$80.00	\$80.00
Checking and Savings accounts	11 USC § 522(d)(5)	\$300.00	\$300.00
computer, beds, tv, couch, table, chairs, dresser	11 USC § 522(d)(3)	\$1,500.00	\$1,500.00
movies, pictures	11 USC § 522(d)(5)	\$100.00	\$100.00
pants, shirts, socks, undergarments,	11 USC § 522(d)(5)	\$400.00	\$400.00
necklace	11 USC § 522(d)(4)	\$50.00	\$50.00
fishing pole	11 USC § 522(d)(5)	\$50.00	\$50.00
tax refund	11 USC § 522(d)(5)	\$2,528.00	\$2,528.00
dog, cat	11 USC § 522(d)(3)	\$50.00	\$50.00
estimated tax return next year	11 USC § 522(d)(5)	\$2,000.00	\$2,000.00
2000 Impala	11 USC § 522(d)(2)	\$2,000.00	\$2,000.00
golf cart	11 USC § 522(d)(5)	\$800.00	\$800.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)
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B 6E (Official Form 6E) (04/13)

In re Brent Marshall Uber and Amber Lynn Uber,  
Debtor

Case No. - \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Brent Marshall Uber and Amber Lynn Uber**

Case No. -

Debtor

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>See instructions above.</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8206</b>  Best Buy Credit Card P.O. Box 688910 Des Moines, IA 50368 Full Account No.: 1001062330598206			11/20/2013				\$1,152.74
ACCOUNT NO. <b>8779</b>  Capital One P.O. Box 30284 Salt Lake City, UT 84130 Full Account No.: 8779			11/10/2013				\$1,200.00
ACCOUNT NO. <b>1378</b>  Care Credit GE Capital Retail Bank P.O. Box 960061 Orlando, FL 32896 Full Account No.: 6019181860391378			11/17/2013 credit card				\$4,800.00
ACCOUNT NO. <b>1028</b>  Chase Card Member Services P.O. Box 94014 Patertire, IL 60094 Full Account No.: 4266841289861028			8/29/2013 credit card				\$527.00
Subtotal▶							\$ <b>7,679.74</b>
Total▶							\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

3 continuation sheets attached



Case No. - \_\_\_\_\_  
(if known)

## (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5923 First General Credit Union 5898 Ellis Rd Norton Shores, MI 49441 Full Account No.: 1305924, 1305923			9/1/2013 & 8/30/2013 two loan				\$7,098.00
ACCOUNT NO. 8125 Frontier 1398 S. Woodland Blvd Ste B DeLeon, FL 32720 Full Account No.: 23178863650618125			2/18/2014 phone bill				\$388.81
ACCOUNT NO. 3113 Kohls Payment Center P.O. Box 2983 Milwaukee, WI 53201 Full Account No.: 0443723113			9/1/2013 credit card				\$550.00
ACCOUNT NO. 1947 M&W Inc. 979 West River Center Drive NE Comstock Park, MI 49321			4/2013 Repossession agent for First General Credit Union				\$0.00
Sheet no. <u>1</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 8,036.81
							Total ▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

B 6F (Official Form 6F) (12/07) - Cont.

In re Brent Marshall Uber and Amber Lynn Uber,  
DebtorCase No. - \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7481</b>  Meijer GECRB P.O. Box 96015 Orlando, FL 32896 Full Account No.: 5148655040167481			10/20/2013 credit card				\$161.54
ACCOUNT NO. <b>8965</b>  Meijer GECRB P.O. Box 96105 Orlando, FL 32896 Full Account No.: 6005065004498965			11/20/2013 creditr card				\$630.00
ACCOUNT NO. <b>2627</b>  Mercy Health Partners Emergency Health Partners P.O. Box 673397 Detroit, MI 48267 Full Account No.: 77900859642627			9/30/2013 hospital				\$690.00
ACCOUNT NO. <b>8581</b>  Sallie Mae P.O. Box 3800 Wilkes Barre, PA 18773 Full Account No.: 93582208581			9/1/2005 student loan				\$3,959.00
Sheet no. <b>2</b> of <b>3</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ <b>5,440.54</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$

B 6F (Official Form 6F) (12/07) - Cont.

In re **Brent Marshall Uber and Amber Lynn Uber**,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6833</b> <b>Walmart Card Member</b> <b>Services</b> <b>P.O. Box 530972</b> <b>Atlanta, GA 30353</b> <b>Full Account No.:</b> <b>6032203295456833</b>			<b>11/1/2013 credit card</b>				<b>\$1,800.00</b>
Sheet no. <b>3</b> of <b>3</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ <b>1,800.00</b>
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							Total▶ \$ <b>22,957.09</b>

B 6G (Official Form 6G) (12/07)

In re Brent Marshall Uber and Amber Lynn Uber,  
Debtor

Case No. -  
(if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
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B 611 (Official Form 611) (12/07)

In re Brent Marshall Uber and Amber Lynn Uber,  
Debtor

Case No. -  
(if known)

### **SCHEDULE H - CODEBTORS**

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Fill in this information to identify your case:

Debtor 1 **Brent Marshall Uber**  
First Name Middle Name Last Name

Debtor 2 **Amber Lynn Uber**  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for **Western District of Michigan**

Case number **-**  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM/DD/YYYY

## Official Form B 61

## Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

- ☐ Employed
- ☒ Not employed

## Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

## Occupation

CNA for 10 years

## Employer's name

Harbor Hospice

## Employer's address

1050 West Western Ave Ste 400

Number Street

Number Street

City State ZIP Code

Muskego, MI 49441

City State ZIP Code

How long employed there?

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$

\$ 1,200.00

3. Estimate and list monthly overtime pay.

3.

+ \$

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4.

\$ 0.00

\$ 1,200.00

Debtor 1 **Brent Marshall Uber**  
First Name Middle Name Last Name

Case number (# known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$ 0.00	\$ 1,200.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$	\$ 260.00
5b. Mandatory contributions for retirement plans	5b. \$	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$	\$ 0.00
5e. Insurance	5e. \$	\$ 0.00
5f. Domestic support obligations	5f. \$	\$ 0.00
5g. Union dues	5g. \$	\$ 0.00
5h. Other deductions. Specify: _____	5h. + \$	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ 260.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 940.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: <u>Food stamps</u>	8f. \$ 0.00	\$ 460.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 460.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0.00 +	\$ 1,400.00 = \$ 1,400.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		12. \$ 1,400.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 **Brent Marshall Uber**  
 First Name Middle Name Last Name

Debtor 2 **Amber Lynn Uber**  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **Western District of Michigan**

Case number \_\_\_\_\_  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

## Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

child

12

- ☐ No
- ☒ Yes

child

8

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6t.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. **\$300.00**

4a. **\$0.00**

4b. **\$50.00**

4c. **\$200.00**

4d. **\$0.00**



Debtor 1

**Brent Marshall Uber**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Your expenses**5. **Additional mortgage payments for your residence, such as home equity loans**5. \$0.006. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$299.00

6b. Water, sewer, garbage collection

6b. \$151.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$180.00

6d. Other. Specify: \_\_\_\_\_

6d. \$0.007. **Food and housekeeping supplies**7. \$400.008. **Childcare and children's education costs**8. \$0.009. **Clothing, laundry, and dry cleaning**9. \$120.0010. **Personal care products and services**10. \$0.0011. **Medical and dental expenses**11. \$100.0012. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$200.0013. **Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$0.0014. **Charitable contributions and religious donations**14. \$0.0015. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$0.00

15b. Health insurance

15b. \$0.00

15c. Vehicle insurance

15c. \$198.00

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$0.0016. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$0.0017. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$0.00

17b. Car payments for Vehicle 2

17b. \$0.00

17c. Other. Specify: \_\_\_\_\_

17c. \$

17d. Other. Specify: \_\_\_\_\_

17d. \$18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).**18. \$0.0019. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$0.0020. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$0.00

20b. Real estate taxes

20b. \$0.00

20c. Property, homeowner's, or renter's insurance

20c. \$0.00

20d. Maintenance, repair, and upkeep expenses

20d. \$0.00

20e. Homeowner's association or condominium dues

20e. \$0.00

Debtor 1

**Brent Marshall Uber**

First Name Middle Name Last Name

Case number (if known)

21. Other. Specify: \_\_\_\_\_

21. **+\$0.00**

22. Your monthly expenses. Add lines 4 through 21.

The result is your monthly expenses.

22. **\$2,198.00**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$1,400.00**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$2,198.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

23c. **\$-798.00**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes. Explain here:**Kids clothing**

B 6 Summary (Official Form 6 - Summary) (12/13)

# UNITED STATES BANKRUPTCY COURT

## WESTERN DISTRICT OF MICHIGAN

In re **Brent Marshall Uber and Amber Lynn**

Case No. - \_\_\_\_\_

**Uber**Chapter **7** \_\_\_\_\_*Debtor*

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			\$ <b>0.00</b>		
B - Personal Property			\$ <b>9,858.00</b>		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$ <b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule F)				\$ <b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims				\$ <b>22,957.09</b>	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)					\$ <b>1,400.00</b>
J - Current Expenditures of Individual Debtors(s)					\$ <b>2,198.00</b>
TOTAL		<b>0</b>	\$ <b>9,858.00</b>	\$ <b>22,957.09</b>	

**FILED**  
 2014 APR 30 AM 10:37  
 U.S. BANKRUPTCY COURT  
 WESTERN DISTRICT OF MICHIGAN  
 ANN ARBOR, MI

B 6 Summary (Official Form 6 - Summary) (12/13)

# UNITED STATES BANKRUPTCY COURT

## WESTERN DISTRICT OF MICHIGAN

In re **Brent Marshall Uber and Amber Lynn Uber**

*Debtor*

Case No. \_\_\_\_\_

Chapter **7**

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>3,959.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>3,959.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>1,400.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>2,198.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ <b>600.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ <b>0.00</b>
4. Total from Schedule F	\$ <b>22,957.09</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ <b>22,957.09</b>

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 DANIEL M. LAMARCA, CLERK  
 U.S. BANKRUPTCY COURT  
 WESTERN DISTRICT OF MICHIGAN

In re **Brent Marshall Uber and Amber Lynn Uber**

Debtor

Case No. \_\_\_\_\_

(if known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **14** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 4-28-14

Signature: \_\_\_\_\_

Brent Uber  
Brent Marshall Uber DebtorDate 4-28-14

Signature: \_\_\_\_\_

Amber L. Uber  
Amber Lynn Uber (Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

**Kimberly M. Stebbins****378-84-0829**Printed or Typed Name and Title, if any,  
of Bankruptcy Petition PreparerSocial Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

**747 W. Norton, Muskegon, Michigan 49441**

Address \_\_\_\_\_

X Kimberly M. Stebbins  
Signature of Bankruptcy Petition Preparer4-25-14  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.